



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

June 15, 2005

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Hy-Vee, 6001 Village Drive. Hy-Vee holder of a class I liquor license requests this liquor license be upgraded to a class C liquor license.

For Councils information if issued the class C liquor licenses allow for on premise consumption. It has been stated that the request for the class C liquor license is to be used for sampling purposes only.

If this application is approved the Lincoln Police Department requests the following conditions be added to the liquor license:

**The on premise consumption of alcohol shall be limited to samplings of 2 ounces or less of any alcoholic beverage.**

For Council's information the manager and ownership remain the same

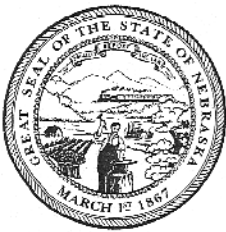
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





*Russ*

**Dave Heineman**  
Governor

*Set date 6-27-05*  
*PH: 7-11-05*  
**STATE OF NEBRASKA**

**NEBRASKA LIQUOR CONTROL COMMISSION**

**Hobert B. Rupe**

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

June 10, 2005

**Lincoln City Clerk**  
**555 S. 10<sup>th</sup> Street**  
**Lincoln, NE 68508**

Re: Liquor application for "Hyvee, Inc"

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,  
NEBRASKA LIQUOR CONTROL COMMISSION

*Tami Freeman*  
Tami Freeman  
Licensing Division

Enclosures

**Rhonda R. Flower**  
Commissioner

**Bob Logsdon**  
Chairman

**R.L. (Dick) Coyne**  
Commissioner

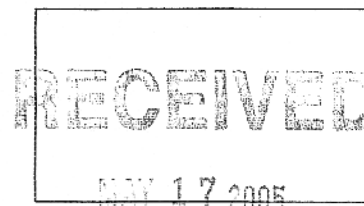
An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12/99

New App- C-68412  
Replacing Lic # 16681  
Deed

/www.nol.org/home/NLCC/  
e: (402) 471-2571  
(402) 471-2814



**INSTRUCTIONS:** Include: **1.** Applicable fees payable to Liquor Control Commission **2.** Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 **3.** Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska **4.** Commission checklist, form 4251 **5.** Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock **6.** All applications must be typewritten or printed clearly **7.** Submit in **Triplicate** **8.** Required areas marked by a red asterisk ( \* )

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH**

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> <b>A</b> Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>F</b> Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>B</b> Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>J</b> Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>I</b> Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>D</b> Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> <b>D1</b> Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input checked="" type="checkbox"/> <b>C</b> Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>M</b> Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>H</b> Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>K</b> Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> <b>O</b> Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> <b>V</b> Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> <b>X</b> Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> <b>W</b> Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> <b>Y</b> Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> <b>L</b> Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

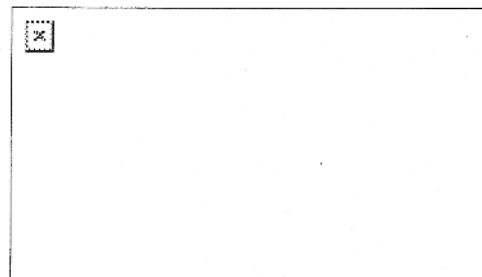
TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION
Type of application being applied for (check appropriate box)	
1. <input type="radio"/> Individual License requires Form 1 to be attached.	Name Jill Lalone
2. <input type="radio"/> Partnership License requires Form 2 to be attached.	Firm Name Hy-Vee, Inc.
3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Address West Des Moines, IA 50266

### SECTION A – LOCATION INFORMATION – Must be completed by all applicants

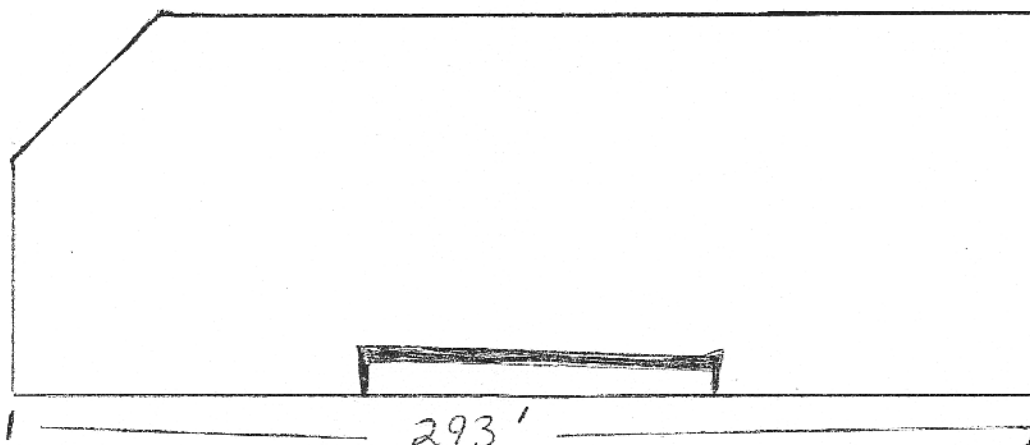
Trade Name (name of business) Hy-Vee, Inc. DBA: Hy-Vee #4		Telephone Number at premise to be licensed 402-421-2462	
1) Street Address of Proposed licensed premise 6001 Village Drive		2) Mailing Address for receipt of Liquor Control Commission mailings 5820 Westown Parkway	
City Lincoln	County Lancaster #2	City West Des Moines	County Polk
Zip Code 68516	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No	Zip Code 50266	

### DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.



- ONE Story Building  
225' - Irregular shape  
- Approximately 293' x 225'

North

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments
		Yes	No	Note: Only what is visible on screen will be printed
<p>* 1. <b>READ CAREFULLY.</b> Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>		Yes <input type="radio"/>	No <input checked="" type="radio"/>	<p>RECEIVED</p> <p>MAY 17 2005</p> <p>NEBRASKA MOTOR CONTROL COMMISSION</p>
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>		Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>		Yes <input type="radio"/>	No <input checked="" type="radio"/>	<p>Upgrade from DL - 16681</p>
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>		Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>		Yes <input type="radio"/>	No <input checked="" type="radio"/>	

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	<p>RECEIVED MAY 17 2005</p>
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	<p>NEBRASKA LIQUOR CONTROL COMMISSION</p>
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>Midwest Heritage Bank 1025 Braden Chariton, IA 50049  Richard Jurgens - President, CEO John Briggs - Treasurer</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>Please see attached</p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Jeff Quandt  60-70</p>		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.

*Hospitality Training Class*

**RECEIVED**

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)

Please see attached *deed* MAY 17 2005

NEBRASKA ALCOHOL  
CONTROL COMMISSION

15. When do you intend to open for business?

The location is already open, it is currently run under license DK16681

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
See Attached			

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

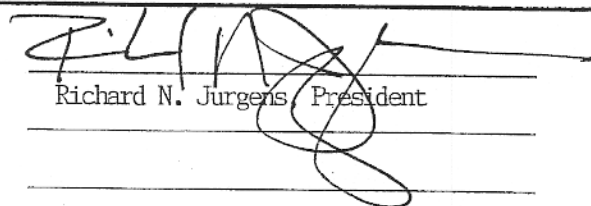
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE) 2005
Richard N. Jurgens	1992	Present	West Des Moines, IA
Carol Jurgens	Same	-	West Des Moines, IA

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign  
here  
sign  
here  
sign  
here  
sign  
here

  
Richard N. Jurgens, President

sign  
here  
sign  
here  
sign  
here  
sign  
here

  
Carol Jurgens, Spouse

Subscribed in my presence and sworn to before me this

29th

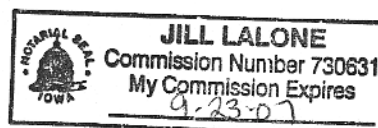
day of

March

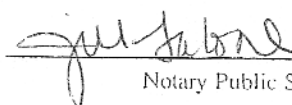
2005

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

(SEAL)



sign  
here

  
Notary Public Signature



RECEIVED

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
John C. Briggs	1985	1994	Chariton, IA
"	1994	Present	Waukee, IA
Dianne Briggs	Same	-	-

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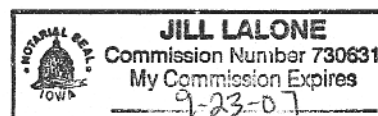
sign here John C. Briggs, Treasurer  
 sign here \_\_\_\_\_  
 sign here \_\_\_\_\_  
 sign here \_\_\_\_\_

sign here Dianne L. Briggs  
 sign here Dianne Briggs, Spouse  
 sign here \_\_\_\_\_  
 sign here \_\_\_\_\_

Subscribed in my presence and sworn to before me this 29<sup>th</sup> day of March, 2005

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(SEAL)



sign here Jill Lalone  
 Notary Public Signature

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Stephen P. Meyer	1992	Present	Des Moines, IA

RECEIVED  
MAR 17 2005  
NEBRASKA LIQUOR  
CONTROL COMMISSION

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

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sign here Stephen P. Meyer  
sign here Stephen P. Meyer, Secretary  
sign here \_\_\_\_\_  
sign here \_\_\_\_\_  
sign here \_\_\_\_\_

sign here SINGLE  
sign here \_\_\_\_\_  
sign here \_\_\_\_\_  
sign here \_\_\_\_\_  
sign here \_\_\_\_\_

Subscribed in my presence and sworn to before me this 29th day of March, 2005.

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(SEAL)

sign here Gail Malone  
Notary Public Signature

RECEIVED

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Charles M. Bell	1985	1994	Chariton, IA
"	1994	Present	Des Moines, IA

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

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sign here	<u>Charles M. Bell Exec. V.P.</u>	sign here	_____
sign here	_____	sign here	_____
sign here	_____	sign here	_____
sign here	_____	sign here	_____

Subscribed in my presence and sworn to before me this 29th day of March, 2005

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

(SEAL)

**JILL LALONE**  
Commission Number 730631  
My Commission Expires 9-23-07

sign here Jill Lalone  
Notary Public Signature

**NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION**

**RECEIVED**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53.125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on the application.

Carol J. Jurgens  
Signature of Spouse **Carol J. Jurgens**

SUBSCRIBED in my presence and sworn to before me this 29<sup>th</sup> day of March, A.D., 2005

Jill Lalone  
Signature of Notary Public

**JILL LALONE**  
Commission Number 730631  
My Commission Expires 9-23-07

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Signature]  
Signature of Licensee/Applicant

**Richard N. Jurgens, President**  
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 29<sup>th</sup> day of March, A.D., 2005

Jill Lalone  
Signature of Notary Public

**JILL LALONE**  
Commission Number 730631  
My Commission Expires 9-23-07

FORM 35-4178  
REV 2/01

# NEBRASKA LIQUOR CONTROL COMMISSION

## AFFIDAVIT OF NON PARTICIPATION

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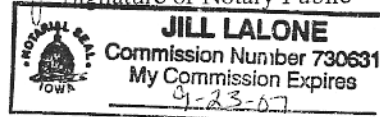
Dianne L. Briggs

Signature of Spouse Dianne L. Briggs

SUBSCRIBED in my presence and sworn to before me this 29<sup>th</sup> day of March, A.D., 2005

Jill Lalone

Signature of Notary Public



The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Signature]

Signature of Licensee/Applicant

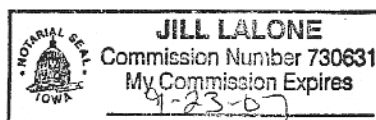
John C. Briggs, Treasurer

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 29<sup>th</sup> day of March, A.D., 2005

Jill Lalone

Signature of Notary Public



FORM 35-4178

REV 2/01

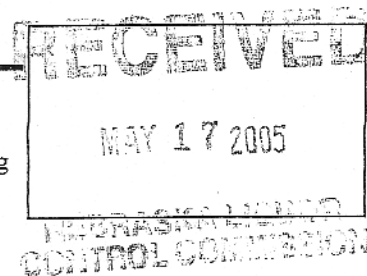
# Corporation/LLC Application for License - Form 3

## Nebraska Liquor Control Commission

**INSTRUCTIONS:**

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk ( \* )

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**

Hy-Vee, Inc. \*

Total Number of Shares (if corporation)

16,666,200 \*

Corporate Street Address

5820 Westown Parkway \*

Mailing address for receipt of Liquor Control Commission Mailings

5820 Westown Parkway \*

Corporate Telephone Number

515-267-2800 \*

City

West Des Moines \*

County

Polk \*

State

IA \*

Zip Code

50266 \* -

Name of Registered Agent

The CT Corporation \*

Name of Proposed Manager

Jeff Quandt \*

**IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER**

Name

Richard Jurgens \*

Title

President, CEO \*

Date of Birth

Social Security Number

\* -

Home Address (1)

3008 Jordan Grove \*

City

West Des Moines \*

State

IA \*

Zip Code

50265 \* -

Home Telephone Number

515-267-2800 \*

**PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES**Name of Officers, Directors, Members and Spouses.  
Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Jurgens, Richard N.

President, CEO

Spouse Name

Jurgens, Carol Jean, Gaffney

Partner Number of Shares / % 250,117

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses.

<b>Give Last Name, First Name, Middle, Maiden, and any aliases</b>	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Title</b>
Name Bell, Charles			Executive VP
Spouse Name			
Partner Number of Shares / % 347,002			

<b>Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases</b>	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Title</b>
Name Meyer, Stephen P.			Secretary
Spouse Name			
Partner Number of Shares / % 153,692			

<b>Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases</b>	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Title</b>
Name Briggs, John C.			Treasurer
Spouse Name Briggs, Diane L. Herrin			
Partner Number of Shares / % 59,048			

<b>Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases</b>	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Title</b>
Name			
Spouse Name			
Partner Number of Shares / %			

(If Necessary, Continue on Separate Sheet)

incoln #4

35-4183

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation

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MAY 17 2005

NEBRASKA LIQUOR  
CONTROL COMMISSION

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC.  
Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: October 1 Ending date: September 30

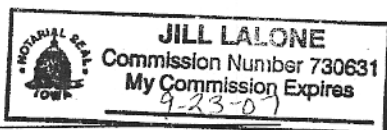
State of Iowa

Polk

County

)  
) ss.  
)

*Jill Lalone*  
Notary Public Signature & Seal



By *Richard N. Jurgens*  
President/Member

Richard N. Jurgens

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

*Stephen P. Meyer*  
Secretary/Member

Stephen P. Meyer

Verify Form and Print

FORM 35-4183  
REV. 02/01



**Application for Corporate Manager****\*Must Be A Nebraska Resident\*****Please submit in Triplicate****RECEIVED**

MAY 17 2005

**Return to:** Nebraska Liquor Control Commission, PO Box 95046  
301 Centennial Mall So., Lincoln NE 68509NEBRASKA LIQUOR  
CONTROL COMMISSION**Phone:** (402) 471-2571**Fax:** (402) 471-2814**Web address:** <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk ( \* )

**LIQUOR LICENSE INFORMATION**

Name of Licensed Corporation

Hy-Vee, Inc. \*

Class &amp; License number

Class C \*

Trade Name of Licensed Premise

Hy-Vee #4 \*

Street Address of Licensed Premise

6001 Village Drive \*

City

Lincoln \*

County

Lancaster \*

On behalf of the corporation, I designate this individual as corporate manager.

**Signature of Corporate President/CEO:** Richard N. Jurgens**APPLICANT INFORMATION (MUST BE 21 OR OVER)**

Full Name (Last, First, Middle, Maiden)

Quandt, Jeff E. \*

Sex \*

F

M

Social Security Number

Date of Birth \*

Place of Birth

Council Bluffs Iowa \*

Home Street Address

2411 Ridge Point Circle \*

City

Lincoln \*

County

Lancaster \*

State

NE \*

Zip Code

68512 \*

Home Telephone Number

402-420-5779 \*

Business Telephone Number

402-421-2462 \*

Drivers License Number

State

NE \*

Are You Married? \* Yes ☒ No ☐ If Yes, You must complete the following:

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**SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)**

Full Name (Last, First, Middle, Maiden)

Quandt, Holly, Darlene, Petersen

Social Security Number

MAY 17 2005

NEBRASKA LIQUOR  
CONTROL COMMISSION

Drivers License Number

State

NE

Date of Birth

Place of Birth

San Diego, CA

\* 1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No

☐ ☒

\* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

☐ ☒

\* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

☐ ☒

\* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

☒ ☐

\* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No

☒ ☐

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## RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

MAY 17 2005

NEBRASKA LIQUOR  
CONTROL COMMISSION

	Year
	From To
Applicant: City & State	
Lincoln NE	1995 2005
Spouse: City & State	
Lincoln NE	1995 2005

	Year
	From To
Applicant: City & State	
Spouse: City & State	

	Year
	From To
Applicant: City & State	
Spouse: City & State	

	Year
	From To
Applicant: City & State	
Spouse: City & State	

## EMPLOYERS - LIST LAST TWO EMPLOYERS

	Year
	From To
Name of Employer	
Hy-Vee	1981 Present
Name of Supervisor	Telephone Number
Ric Jurgens	402-421-7462

	Year
	From To
Name of Employer	
Name of Supervisor	Telephone Number

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY  
APPLICANT & SPOUSE**

STATE OF NEBRASKA )

) SS

COUNTY OF )


MAY 17 2005

NEBRASKA LIQUOR  
CONTROL COMMISSION

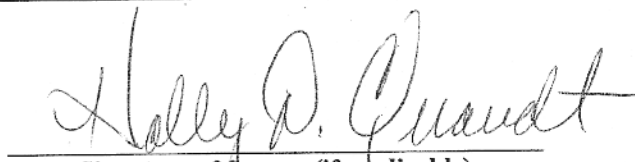
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.



Signature of Applicant



Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this  
3<sup>RD</sup> day of MAY, 2005.

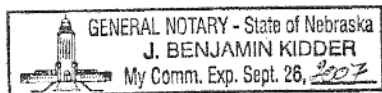
Subscribed in my presence and sworn to before me this  
4<sup>TH</sup> day of MAY, 2005.



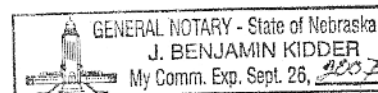
Notary Signature & Seal



Notary Signature & Seal



Verify and Print



FORM 35-4013  
REV. 2/01

**NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53.125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on the application.

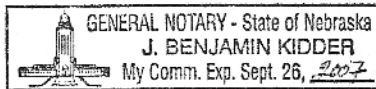
**RECEIVED**

**MAY 17 2005**

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Holly D. Quandt  
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 4<sup>TH</sup> day of MAY, A.D., 2005.



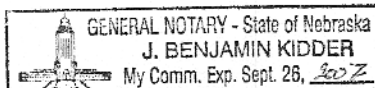
[Signature]  
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Signature]  
Signature of Licensee/Applicant

Jeff Quandt  
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 3<sup>RD</sup> day of MAY, A.D., 2005.



[Signature]  
Signature of Notary Public

FORM 35-4178  
REV 2/01